Nomination Form for Triumph Award for 2011

Section 1: a) Personal Information of the nominee (Fill in this section if you are nominating an individual. Fill in Section (2) if you are nominating a group or organization).

Full Name of the Nominee (First, last)	Submission Date/ Gender									
Date of Birth/										
Marital Status										
Present Occupation	oany									
AddressCityG	overnorate									
Country Telephone Number Email Address Your relationship to the nominee (e.g. family member/advocate for the nominee/ member of the										
						community).				
b) Selection Criteria La 500 words on loss places mayide the followings										
In 500 words or less, please provide the following:	muliahmanta og it ralatas to the shallongas									
A brief and clear description of the nominee's accordaced.	implishments as it relates to the chantenges									
Why the person(s) is an exceptional nominee. How the nominee's triumph has affected the nomine	age's life or has imposted the lives of other									
people with disabilities in Iraqi society.	iee's me of has impacted the fives of other									
people with disabilities in fraqi society.										

Section 2: a) Details of Nominated Group/Organization

(Fill in this section if you are nominating a group or organization. Fill in Section 1 if you are nominating an individual):

Group/Organization
Name of Group/Organization Representative
Group/ Organization's Representative Telephone Number
Address
Country
Telephone Number Email Address
Your relationship to the nominee (e.g. an employee /associate/ member of the
community)
• • • • • • • • • • • • • • • • • • • •
b) Selection Criteria
In 500 words or less, please provide the following:
Brief and clear description of the group/organization project's objectives and the group
/organization's accomplishments as it relates to the challenges faced.
Why the group/organization is an exceptional nominee.
How the triumph of this group has affected the lives of people with disabilities and enhances
their inclusion in Iraqi society.

•	Section	3:	Dec	laration

I,	have read, understand and agree to abide by the
conditions set out in the Triumph Award for	or 2011 guidelines.
Signature of the nominator	-
Name (Please Print)	
Date	
Phone Number (during business hours)	
Email	

When this form is complete, please email the form as an attachment to Iraqdisabilityrights@state.gov

It must be received no later than 11:59pm on November 2, 2011.